

Please circle correct Waiver: FE, PAS, PD, TA, TBI
SLEEP CYCLE SUPPORT: Yes or No (All Sleep Cycle Support workers must work a minimum of 6 hours per shift.)

AUTHENTICARE CALL IN/OUT EXCEPTION FORM – FORM MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED!
(ONLY USE FOR DAYS NOT CLOCKED IN/OUT)

Employer Name (please print): _____

DSW Name (please print): _____

DSW ID Number: _____

DATE	Clock IN Time	Clock OUT Time	Activity Codes	Reason For Not Calling

Employee
Signature: _____

Employer
Signature: _____

Date: _____

Date: _____

Exceptions forms are due **NO later than the 5th & 20th of each month.** We suggest that you send them in weekly as well.

DO NOT COMBINE PAY PERIODS. Pay periods are **1st – 15th & 16th – End of Month.**